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TO: Examiner Lenell Mackall, Art Unit 2631FIRM: U.S. Patent and Trademark OfficeRE: Change of Address/Power of Attorney – Pat. App. Ser. No. 10/686,009

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NUMBER:

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NUMBER: 571-273-8300

## NOTES/COMMENTS:

Change of Address and Power of Attorney for Patent Application Ser. No. . 10/686,009 (Docket No.  
056754/0124937

1500 FLEET CENTER □ PROVIDENCE, RHODE ISLAND 02903-2393 □ 401-274-2000 □ FAX 401-277-9600  
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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
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INDICATION FORM**

|                        |                                               |
|------------------------|-----------------------------------------------|
| Application Number     | 10/686,009                                    |
| Filing Date            | 10/15/2003                                    |
| First Named Inventor   | Vigoda                                        |
| Title                  | Analog Continuous Time Statistical Processing |
| Art Unit               | 2631                                          |
| Examiner Name          | Mackall, Lenell                               |
| Attorney Docket Number | 056754/0124937                                |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name               | Registration Number |
|--------------------|---------------------|
| Norma E. Henderson | 39,219              |
|                    |                     |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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|-------------------------------------------------------------|------------------------------------------------------|-------|--------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Norma E. Henderson                                   |       |              |
| Address                                                     | Hinckley, Allen & Snyder LLP<br>43 North Main Street |       |              |
| City                                                        | Concord                                              | State | NH           |
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| Telephone                                                   | 603-225-4334                                         | Fax   | 603-224-8350 |

I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

|                   |                                                                                                   |           |                    |
|-------------------|---------------------------------------------------------------------------------------------------|-----------|--------------------|
| Signature         | <i>Karin K. Rivard</i>                                                                            | Date      | <i>Aug 25 2005</i> |
| Name              | Karin K. Rivard                                                                                   | Telephone | 617-253-6966       |
| Title and Company | Assistant Director and Counsel, Massachusetts Institute of Technology Technology Licensing Office |           |                    |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1400, Alexandria, VA 22318-1400. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22318-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Vigoda et al/Massachusetts Institute of TechnologyApplication No./Patent No.: 10/686,009Filed/Issue Date: 10/15/2003Entitled: Analog Continuous Time Statistical ProcessingMassachusetts Institute of Technology, acorporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was in the United States Patent and Trademark Office at Reel 015255, Frame 0226, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Karin K. Rivard  
Signature

Aug 25, 2005  
Date

Karin K. Rivard

Printed or Typed Name

617-253-6966

Telephone Number

Assistant Director and Counsel, Technology Licensing Office

Title

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